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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/763,641
Filing Date	January 22, 2004
First Named Inventor	Nikhilesh N. SINGH
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	559142000100

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To: P.	Commissioner for Patents To: P.O. Box 1450 Alexandria, VA 22313-1450								
I hereby a	apply to wi	ithdraw as attorney or ag	jent for the at	pove identif	fied paten	nt apr	plication		
		s request are: eing made at the reque	est of Trans	Oral Pharr	maceutic	cals,	inc.		
		CORF	RESPONDI	ENCE AL	DDRES!	<u>.s</u>			
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OR					······································				
X Firm Indivi	or vidual Name	Sherbonne Barnes-A	Anderson (T	ownsend	and Tow	vnse	nd and	Cre	>w)
Address	Address Two Embarcadero Center, Eighth Floor								
City	San Francisco State California Zip 94111-3834								
Country				<u> </u>				_	
Telephone					Fa	ах		-	
X This	X This request is made on behalf of myself and								
×	all the att	torneys/agents of record.	•						
		neys/agents (with registra		s) listed on	the attac	ched r	paper(s)	, or	
I =	the attorneys/agents associated with Customer Number								
This request is enclosed in triplicate (including any attachments).									
Name									
Signature Registration No. 47,777					47.777				
Date		iary 26, 2004				_		_	<u> </u>
	NOTE: Withdrawal is effective when approved father than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.								
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.									

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To: P.0	O. Box 14	er for Patents 50 /A 22313-1450						
I hereby ap	oply to wit	hdraw as attorney or age	nt for the ab	ove identifie	ed patent	applicati	on.	
The reason This requ	ns for this est is bei	request are: ng made at the reques	st of TransC	Oral Pharm	aceutica	ls, Inc.		
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OR Cust	omer Nun	nber						
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X Indivi	dual Name	Snerbonne Barnes-A	nderson (1		ilia lowi			
Address	Two Emi	barcadero Center, Eigl	nth Floor					
City	San Fra	ncisco	State	California			Zip	94111-3834
Country								
Telephone					Fax			
X Thi	s request	is made on behalf of mys	elf and					
×	all the atto	orneys/agents of record.						
the attorneys/agents (with registration numbers) listed on the attached paper(s), or								
the attorneys/agents associated with Customer Number								
This request is enclosed in triplicate (including any attachments).								
Name Mika Mayer								
Signature	Signature Registration No. 47,777							
Date February 24, 2004								
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Dated:	2/26/04	Signature:	Shishis	(Thao T. Pham)

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		request are: ing made at the reques	st of TransC	Oral Pharm	aceutical	s, Inc.		
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OR Cust	tomer Nun	nber						
X Firm	or idual Name	Sherbonne Barnes-A	nderson (T	ownsend a	ind Town	send a	nd C	rew)
Address	Two Em	barcadero Center, Eigl	nth Floor					
City	San Fra	ıncisco	State	California			Zip	94111-3834
Country								
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	Dated:	2/20/0	ا Signature:	M. N. 5	(Thao T. Pham)